

HYSTERIA: A STUDY IN PSYCHOLOGY.*

By JAMES HENDRIE LLOYD, A.M. M.D.,

INSTRUCTOR IN ELECTRO-THERAPEUTICS IN THE UNIVERSITY OF PENNSYLVANIA. PHYSICIAN TO
THE HOME FOR CRIPPLED CHILDREN, WEST PHILADELPHIA.

AS an anatomical unity the nervous system does not present to the superficial observer such features as seem to render difficult the localization in it of a well-marked disease. The simplest type of the nerve organization is nothing more than a ganglion with an afferent and efferent nerve: and even in the most perfect nerve-structure of the whole developmental scale we find but the differentiation of this primitive form. To enter into a discussion of this wondrous organon, developed from such a simple source, is not within the scope of this paper. Suffice it to say that here are exhibited the most curious phenomena of the created world: the functions of sensibility and motion, the maintenance of respiration and circulation, the promptings of hunger, thirst, and generation; the guidance and equalization, as it were, of the more vegetative processes; and, far above all, the special senses and the mind of man. From such a rapid view of the many functions of the nervous system, we may gain at once a much-enlarged idea of the manifestations of disease which it may display; of their countless varieties and combinations; and may pass at once to the details of the subject in hand. We have to dwell in this paper upon one of the most prevalent and important diseases to be found in the meshwork of

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this almost inscrutable system, for hysteria has been truly called "the great neurosis."

It is especially true of this disease, that it has excited controversy as to its real seat—whether it be of the brain, the cord, or only secondary at all in the nervous system, having its prime seat in some bodily organ, as the uterus and ovaries. The literature presents the variety of opinion. The ancients,¹ of course, give us something fanciful. Hippocrates² said it was caused by the womb rising toward the stomach. Paul of Ægina attributed it to putrid semen in the womb, but, *per contra*, Hippocrates found it mostly in antiquated virgins and young widows. Aretæus represented the womb as an animal within an animal, wandering about, attracted by fragrant things and fleeing from fetid: while Plato says the womb is desirous of generation; if unfruitful it turns indignant, wanders about the body, and stops the passage of the spirits and respiration. The idea of uterine or ovarian origin is by no means confined to the ancients. Laycock and Tuke especially refer to this; most modern authors give it a certain importance, and Charcot, who has seen symptoms as wonderful as mesmerism itself, claims that he can stop a severe fit with unconsciousness by simple pressure on the ovary. Rosenthal has found the chief fault in the cord, but his statement has seemed to me theoretical and obscure. Conolly believes the disease comes from a susceptibility of the nervous system, which, like Skey's definition—irritation of the nerve-centres—is so vague as to mean almost nothing. Reynolds finds an alteration of the relations of the several nervous functions. Now, the difficulty with all these definitions—and many other authors have also been examined—is just this: that they do not explain satisfactorily the most interesting

¹ Copland's Dictionary: art. "Hysteria."

² Coxe's Epitome.

symptoms of these cases. I have often been puzzled, both in practice and in study, to reconcile symptoms the most obvious with any known affection of the cord, the nerves, the liver, the stomach, the ovary, or the womb.

It happened once to the writer to be called to a case which has some points in illustration. The summons came about midnight. The patient was a strong, young Irishman, a married man, who was reported, by a breathless messenger, to be in violent convulsion. The sex and age of the patient quieted any suspicion, and, although the hour was late and the distance long, no time was lost in reaching him. He was found lying on the floor in the middle of a room, breathing somewhat heavily, and apparently unconscious. All spasm had stopped. The case, on the face of it, had somewhat the appearance of an apoplexy, especially as the man was stout and plethoric. There was no response to questions, no muscular resistance—but there was sensibility of the eye. This condition of the eye, as well as a certain tremulousness of the lids, excited careful attention. Then the old mother—for the room was full of friends—asked if it were possible her son could have lock-jaw. She was asked: “Why should he have lock-jaw?” She replied that “he had a wound in his leg.” This was examined, and found to be a small punctured wound, nearly a week old, and healing kindly. It seems he had been treated for this at a public hospital, where he had been kept one night. He had complained since of what he feared were lock-jaw symptoms, especially on the day of his fit. The man was now gently shaken, encouraged, and assured he had no lock-jaw. After some persuasion he rallied himself a little, and seemed like one who had been helped to throw off some hideous incubus. He was advised to dismiss his friends and go to bed.

This case testifies to several facts, viz.: that hysterical symptoms are not always due to the womb or ovaries; secondly, that they cannot sometimes be linked to any bodily organ; and, lastly, that they are in most cases, if not *all*, due to abnormal states of consciousness. This brings us directly to a statement of the subject of this paper, which is to unfold some of the psychological features of hysteria.

I must acknowledge that the subject has not been ignored by the many writers on this disease; but I will say that I have not yet seen the book in which it is given the prominence it deserves and demands. While we have the elaborations of Charcot, with every fit divided into its epochs, each with its appropriate gesture and speech, as in a well-acted play, and graced with pictures of naked women in the most remarkable and bizarre postures; while we have the scientific teachings of Brodie and Paget, carefully pointing out the grounds for a diagnosis between a true and a false hip-joint disease; and the scholarly essays of Conolly, Copland, and Reynolds, with their long array of physical symptoms;—while we have all these, with but a slight description of the mental condition of these unfortunates, we are almost forced to the conclusion that hysteria, as a psychosis, has no place in medical literature, and, like King Lear, when the “mother rises in his throat,” exclaim:

“*Hysterica passio*: down, thou climbing sorrow,
Thy element’s below!”

I desire to quote a few of the best opinions from writers who refer to the mental condition of hysteria. Dr. George Cheyne,¹ an old writer, describes the condition as follows: “a deep and fixed melancholy, wandering and delusory images on the brain, and instability and unsettledness in all the intellectual operations; loss of memory, despondency,

¹ “The English Malady.”

horror, and despair; sometimes unaccountable fits of laughing, apparent joy, leaping, and dancing, at other times of crying, grief, and anguish, and these generally terminate in hypochondriacal or hysterical fits (I mean convulsive ones)." Dr. Skey,¹ speaking of the entire phenomena of the disease, says the mind "appears to exercise some mysterious or occult influence over them." Wilks says² "the higher nerve-centres are in abeyance." Dr. Weir Mitchell induced his patients to give him autobiographical letters: thus the patient unfolds the mysteries of the disease better in some respects than could a physician. One of these patients confessed a desire for sympathy and to be important; she induced vomiting until it became habitual and uncontrollable. Another case—a sensible girl—was overtaken with prostration of strength and *feared* something to be the matter, or that it would be. Maudsley³ says "there is always some degree of moral perversion. This increases until it swallows up the other symptoms." Sydenham⁴ has surpassed all in his word-painting. "It is the nature of this disease," he says, "to be attended with an incurable despair; so that they cannot bear with patience to be told that there are any hopes at all of their recovery, easily imagining that they are liable to all the miseries that can befall mankind, and presaging the worst evils to themselves. Upon the least occasion also, they indulge terror, anger, jealousy, distrust, and other hateful passions; and abhor joy and hope and cheerfulness * * * they observe no mean in any thing and are constant only to inconstancy * * * this instant they propose doing one thing, and the next change their mind and enter upon something contrary to it, but without finishing it; so unsettled is their mind that they

¹ *Op. cit.*

² "Dis. Nerv. Syst."

³ "Body and Mind," etc.

⁴ The entire works, etc.; "Newly-made English," etc., Lond., 1763.

are never at rest. * * * Nor is this the case only in furious maniacs, but even in those who, excepting these violent passions, are judicious persons, and for profoundness of thought and solidity of speech greatly excel those whose minds are never disturbed by these tormenting thoughts. So that the observation of Aristotle is just, who asserts that *melancholy persons are the most ingenious.*" This last observation has much foundation in fact. It is related of Burton, the author of the "Anatomy of Melancholy," a monument of curious learning and quaint wisdom, that he was himself the victim of the gloomy mood which he dissected. The idea is also supported by the fits of the prophet Mahomet, which were accompanied by depression of spirits, tremblings, and a sort of trance, with a tendency to suicide, which fits do not seem to have been epileptic in character.¹ Some oppose this view, however, of the pure hysteric temperament; as Paget, who says, that such patients "have seldom average, level, and evenly-balanced minds." I know that it may be said that some of these descriptions are not of hysteria, but of different cases of melancholy; to which it may be answered, that in a *psychological* study the fact is forced upon us, that the relation of hysteria and hypochondria to insanity in its different forms of melancholy and mania is often more of degree than of kind.

In most of our authorities, as quoted, we can chiefly notice an absence of the terms of modern psychology, which has come to be a well-recognized science: which terms, it seems to me, cannot well be dispensed with in any effort which is made to describe either the normal or abnormal actions of the mind. Thus, I have spoken of consciousness, which may be defined as a condition of self-knowledge in relation to the exterior world. For instance,

¹ Dr. Sprenger's account: foot-note—Gibbon's "Decline and Fall."

a man who is unconscious has no knowledge whatever of self; while one who is in part conscious, as in delirium and dreaming, has but a partial knowledge of self and its relations; and herein is his main trouble, that he joins his own identity to the delusions which his mind involuntarily forms. If he were conscious his mind might still form its involuntary, or automatic, images, but as he could then maintain his identity as *apart* from, and in true relation to, such idle day-dreams, they would not affect him. But again, if being cognizant of the true unreality of these images, his mind is yet of that unstable quality as to be moved thereby to strong emotion, or to be rendered unable to act with force and will-power in the real affairs of life, he is not in a normal but an abnormal state of self-knowledge in relation to the exterior world. This healthful consciousness is, as it were, many-sided: or, to be more exact, it has many modes of action. Thus: first, there is *sensational* consciousness, or knowledge of impressions from the outside world. There are then the two states which follow upon sensation, and alternate very frequently with one another—the *intellectual* and *emotional* modes of consciousness. There is then, as it were, ever back of these and ready to start forward into action, the consciousness of *memory*. Finally, and in a certain relation of superiority, there is the *volitional* consciousness.¹ To the physiologist it might seem appropriate to call these so many *centres* of action, and in the application of these facts to the illustration of hysteria it would be very convenient to do so; because there can be no doubt that these diverse modes of action are often so nearly distinct that they do appear to be so many individual centres of nerve-activity with afferent and efferent paths,—just as in the simple typical ganglion,—and it is often this very isolation of func-

¹ Carpenter's "Physiology."

tion, and lack of due coördination of brain-actions that give to this disease its most characteristic marks. Thus, while I have preferred the psychological terms as more exact, there would be no objection to accept from physiology this term "nerve-centre" as a convenient one with which to handle the subject. The use of this term, too, might connect very well the psychology of the subject with the physiology of the rest of the nervous system, which I may state, briefly for our purpose, as follows:—(1) The ganglia of general excitability, situate mostly in the cord, with which too may be classed the sympathetic, which are the seats of the simplest nerve activity, the excito-motor phenomena. These are in their nature simple in the extreme—an impression on the periphery conveyed to the centre and reflected through the efferent path as a mere motion, which is always the same; *i. e.*, there has been no differentiation or elaboration of result. (2) The ganglia of special sensibility, in which are seen the sensori-motor reflexes, and in which there has been a very wonderful specialization of function. (3) The gray masses of the cerebrum, in which this specialization has reached its highest degree, not only being closely connected with the excito- and sensori-motor centres, but being itself the seat of a new and complex process, the ideo-motor activity. It is at this point that we leave the physiological for the psychological processes—only, however, for the sake of more exact terms, and not as though we enter a new domain. Thus far, too, we look upon the nervous system as a mechanical arrangement evolving certain reflex actions. This is a correct view, as far as it goes, and very important for our subject: because it is in this very mechanical or reflex action of not only the lower ganglia in the cord and the ganglia of special sensation, but also of the very highest *centres* of the brain, that we find many of the characteristics

of hysteria. In other words, the sphere of this disease is more especially in the automatic action of the brain and cord.

Whether or no that consciousness of which mention has been made has its own *nerve-centre*, apart from these other excito-, sensori-, and ideo-motor processes, is a subject of some dispute. That it is distinct from the first two seems certain; but that it has a distinct material seat apart from mental activity is not so sure. It is rather a peculiar potency of the mind, directly manifesting itself in will-power; it is the *ego*, and I have been led to regard it as a condition of brain-activity, with its own proper states, as described above. Its action is volitional; all other is reflex or automatic.

To trace fully the relation of the different mental *automata* to the hysteric state would be an arduous task and one not possible here to be accomplished. We can, however, give some indication of its scope and essential features as follows—only premising that much of this reasoning is *a priori*, because it is difficult to obtain data and examples of the innermost workings of the minds of those, whose very ailment is chiefly an ignorance of their own minds and its hidden and uncontrolled motions. And it does seem that to obtain such data ought to be more the object of those who make the care of the mind a specialty.

Take first the intellect, or faculty of *ideation*. Its automatic and very despotic action is seen in the formation and influence of dominant or "fixed ideas." Prof. Bain¹ instances the case of a mother in a state of panic regarding a supposed danger to her child. "The force that moves her is not volition; it resides in the circles of mere intellect, inflamed into undue excitement on one idea. * * * The healthy and regular action of the will * * * would work

¹ "The Senses and Intellect," p. 343.

for subduing the state of panic so as to leave the mind in a cool and collected condition, able to estimate the danger at its exact amount." Although this case could be more appropriately referred to the emotional type, still let it stand as an example of cerebral reflex action. This author also enlarges upon undue susceptibility to the influence of an idea, and says that insanity is the culmination of this peculiarity. I believe that hysteria is a far more frequent result; that the mind, stirred to its depths by a ceaseless ebb and flow of enduring thought, whose presence is only shown to the observer by its remote effects on the motor or sensory apparatus, is, indeed, in a condition of high ideomotor reflex: that the patient, who can no more analyze the psychology of this state than her observing friends, is helpless to avert it herself or describe it to others. This is, perhaps, the history of fixed ideas—the inhibitory action of which is, without doubt, the starting cause of most, if not all, cases of hysterical paralysis. Again, we have the force of *habit*. Habit is a widely-prevalent and most important automatic, or unconscious, action of mind. "Education," says Huxley,¹ "is the formation of habits * * * so that acts which at first required conscious effort, eventually became unconscious and mechanical." This healthy action may be changed into an unhealthy one in these abnormal states of mind. The woman who learns to vomit in order to simulate disease, or the one who teaches herself, with acquired dexterity, to perform a histrionic convulsion for the same laudable purpose, gradually sets a going a machine whose elaborations in time can, no doubt, surprise herself, much less her physicians. What Sir William Hamilton² describes as the formation of habit would, no doubt, unfold many such acquired hysteric dexterities

¹ Address on "Descartes' Discourse," etc.

² "Metaphysics," Bowen's Abridgt., p. 253.

could we but follow them from the start. "At first," says he, "and before the habit is acquired, every act is slow, and we are conscious of the effort of deliberation, choice, and volition; by degrees the mind proceeds with less vacillation and uncertainty; at length the acts become secure and precise: in proportion as this takes place, the velocity of the procedure is increased, and as this acceleration rises, the individual acts drop one by one from consciousness." What could be more probable than that a good hysteric subject *en rapport* with her physician, after having become the victim of such a bad automaton, and with her mind under the domination of a "fixed idea," or in expectant attention as to what was wanted of her, should display a series of grotesque actions and speeches, as in the cases of M. Charcot, and be persistently unconscious of, or at least unreasoning about, much else but the *effects*?

It has not, perhaps, sufficiently appeared to many persons that *all emotion* is an automatic action of mind, and that many of its effects upon the body are really quite independent of volition. Thus, the familiar act of weeping not only begins unbidden, but can often not be controlled without great effort; least of all can it be started *ab initio* by any act of will. And in those few persons who seem to have the power to weep at will, it would probably be found that the will only acts by the aid of association of ideas to recall an emotional state which, in turn, causes the tears to flow. When speaking of the emotions Luys¹ says: "They are inspired and experienced, not commanded by the intervention of the human personality." The hysteric mind is a favorite field for the manifestation of the great prowess of the emotions; and I think that the suspicion under which such patients often fall, and the harsh criticism to

¹ "The Brain and its Functions."

which they are subject, would be much changed but for one peculiarity of the hysteric mind. This peculiarity is *secretiveness*. Laycock thinks¹ this is a psychic trait natural to woman, and all females of the lower animals, and is derived from their peculiar functions of generation and care of their young. But it seems to me to have a different significance as found in these patients. It is, in fact, a characteristic of many disorders of the mind: men, as well as women, brood over imaginary trouble, and support for a long while in silence the harassing, nagging, and demoralizing wear and tear of a suppressed emotion or passion. Joy lifts up its voice, but grief, anger, and disappointment have something which they keep forever to themselves. It seems probable that this comes from a sense of mental weakness, an indisposition to reveal to others what the person thinks would be considered an infirmity of character. If this be true of emotions which are bred of some real unfortunate experience, how much more likely would the law hold good of those peculiar morbid processes, unfounded upon facts, which the patient feels would meet with misjudgment and ridicule; or of those particular bodily states, as the sexual feelings, which every instinct of modesty and conventionalism dictates must be suppressed? I am quite certain that one case of very lively opisthotonos, which once came under notice in the person of a young unmarried woman who had spent the evening at a dance with her lover, was caused by suppressed sexual excitement, and was in no respect a mere simulated fit; neither was it a fit that could be controlled by the patient in her then condition. The force of morbid mental impressions on the body, and the difficulty of eliciting a statement of them, must be familiar to every alienist. The writer has seen one patient, a neurasthenic lady, with enlarged thyroid and dis-

¹ *Op. cit.*

tressing subjective symptoms in the head, with furred tongue, loss of appetite, and insomnia, whose eras of depression were always associated with active emotional cerebration; and who, upon being encouraged to give free descriptions of the train of morbid impressions, and having them fully discussed and diverted, has often for a time improved in many of her bodily symptoms. The force of emotion is not to be overlooked as a pathological factor, and physicians would do well to be metaphysicians in the cases of some of their most valuable patients. Strong emotion has been sometimes known to kill, from the time when old Eli fell and died at the news of the disasters to Israel, to this modern 19th cycle when, as related by Tuke,¹ the natives of the Sandwich Islands have been known to die convulsed before the charms and incantations of a bogus sorcerer. But it is not these isolated and striking instances that confirm a precept as much as the consideration of the very many patients in whose minds a hidden and uncontrolled emotional activity, of a chronic kind, causes upon delicate brain-structure that material alteration or molecular change which determines a wreck of the mind.

It has seemed to us that some of the phenomena of *sensori-motor* reflex, as observed in the rather obscure condition called "hypnotism,"² have a distinct relation to the hysteric mind. These reflexes are, perhaps, as purely automatic as any which it is possible to conceive, and are not so wonderful as the more enthusiastic wizards of this art would have the public to believe. They are, in fact, a part of the regular daily workings of the human mechanism: it is thus we walk and perform countless manœuvres of every-day life. The essential feature of all these reflexes is an *abstraction* of mind from the process; a release of the centres of

¹ *Op. cit.*

² For a review of "hypnotism" see article by Dr. Charles K. Mills. *Am. Journ. Med. Sci.*, Jan., 1882.

special and general sensibility from all conscious inhibition. It is a well-known fact that all persons cannot be "hypnotized"; in other words, those whose "wits are about them," who have full volition and a *conscious* purpose of examining the process to which they are about to be subjected, are the ones who naturally do not fall into that complex state—part wonder, part absence of mind, and, sometimes, part sleep—which seems to be the state of hypnotism. It is in those who yield themselves up with "expectant attention" to the influence of another; therefore in those whose state of pure volitional consciousness can be in a manner quieted, annulled, abstracted from them by the legerdmain of a more nimble and commanding personality, that we find these exhibitions. The child that gazes, open-eyed and open-mouthed, at some unusual street pageant is in the first stage at least of hypnotism; and those persons who unconsciously mimic unusual motions and gestures in others are in very much the same state. The close alliance, if not identity, of this hypnotic state with some hysteric conditions may be observed in the tender age of childhood, at which period especially we meet with cases of mimicry of chorea and other convulsive diseases; also in the violent fits of laughter of an hysteric woman, which may be excited by the least sign of mirth in a by-stander. But the most marked examples are in those combined associations of certain perceptions with certain movements—in the nature, somewhat, of the association of ideas in the higher faculties, but distinct from them. The illustrious Dr. Johnson, it is said, could not pass a post in the street without tapping it with his finger; if he did so pass, by an effort of will, he was immediately so uneasy that he must need return to the neglected post. If such a moral philosopher could not resist the tyranny of this absurd sensori-motor reflex, how can we expect that those more feeble organizations, in whom the

state of volitional consciousness is habitually disturbed, should escape these associated movements? This condition will sometimes cause prolonged nervous or muscular tension, in which cases it is probable that what began as a mere sensori-motor reflex is converted into an ideo-motor reflex. This explains some cases of hysterical contracture. The most remarkable case which the literature has to show, is recorded by Dr. B. W. Richardson¹ of a young lady who saw in India a religious devotee with his leg flexed upon his body and fastened there. In a few hours the young lady was found with her leg in a similar position, and this contracture persisted until after she had been brought to London, and then disappeared as suddenly as it came. No effort of conscious purpose could have maintained the leg in such a posture for an hour.

I desire now to state briefly some of the most important *bodily* symptoms of this disease, and their relations to, and dependence upon, abnormal states of the mind. The subject has been necessarily involved more or less in the preceding portion of the paper, but it can be specially evolved only by taking it in its turn; and it can here be little more than mapped out for the help of future study and amplification, as the limits will not admit of all the curious and instructive detail which this subject can supply. "Corporeal expression," says Sir Charles Bell,² "has a wide range, from the graceful inclination of the head and neck of the Apollo, to the convulsive struggle of the Laocoön." This corporeal expression, the effect of mind upon body, is especially to be noted in this disease, which has been already indicated to be in essence a central lesion; *i. e.*, diverse abnormal states of consciousness. "Every conscious state," says Bain,³ "is accompanied with

¹ "Diseases of Modern Life."

² "Anatomy of Expression."

³ *Op. cit.*, p. 258.

a diffused wave of effects, muscular and organic, which are stronger according as the feeling is more intense." The fact is particularly to be noted, that while the *intermediate* steps of the processes may be obscured the results may be definite enough; as is also the case in some of the most familiar of physiological acts—as, for instance, the blush, the tear, or the laugh. Who has explained with certainty the exact mechanism of these processes, or their relative significance,—being in themselves meaningless,—and yet who doubts their connection with passions and emotions of the mind?

The first symptom I mention is *pain*. Pain is an altered, not a merely increased, sensation; it is, moreover, an affection of the periphery of a nerve, and has, as it were, to be translated by the brain before properly becoming *a pain*. This is true of all sensations before becoming converted into ideas; and here we come upon the whole subject of the formation of ideas from sensations. A child born blind was couched in after-years by Chesselden,¹ and restored to sight. A round object being held at some distance from the child, he raised his hand to his eye to take it. The mere sensation of sight had not yet been translated by the boy into any idea of distance. Now, as this boy had *no idea* of distance, and as any other two persons would probably have had *different* ideas as to that particular distance,—just as different brains form different ideas from the same sensations,—so will different persons make much or little out of the same painful sensation. This is a trite fact: we know that some people bear pain stoically, others shrink from its every display. This subject is capable of much amplification. There is still another point in this connection. This is what is called the memory of pain: it is supposed that the brain having been once

¹ Phil. Tr., Lond., 1719-33, vii, 491-93.

affected by severe pain conjures up the ghost of it, as it were. We must imagine that the brain-cells have been affected permanently by the former sensation, and are in a constant erethism. Again, and perhaps closely allied to the last condition, is the ability of many persons to excite an uneasy sensation by directing the mind intently upon one particular part of the body. I think we may also allow space for the anticipation of pain; a brooding over what may happen being a common state of mind. It must not be forgotten, however, that so-called hysteric pain may be sometimes genuine neuralgia; a condition which Anstie¹ describes as mal-nutrition of the posterior nerve-roots, and likely enough to happen in broken-down women.

One of the gravest symptoms of hysteria is *paralysis*. In ordinary paralysis from structural change the obstruction is somewhere in the periphery, or at least between the centre of volition and the part to be moved—as a clot in the ventricles or at the base of the brain, or a degeneration in the cord. In hysteria it is no doubt these very centres of volition—the will—which is principally affected, and perhaps primarily so in all cases. The will does not act; it is inhibited by either some dominant idea—as spoken of in the former part of this paper—or by a degree of mal-nutrition, which is sometimes general and may have been the starting-point of the trouble. Paget² expresses it thus: “The patients say ‘*I cannot*’; it looks like ‘*I will not*’; but it is ‘*I cannot will*.’” The state to which a patient can be brought by this disease in this one respect is astounding, and has been described by writers on the subject. They lie bed-ridden, often emaciated, the affected limb wasted, the skin hypersensitive, the mind listless and the moral functions of it

¹ “Neuralgia and its Counterfeits.”

² *Op. cit.*

utterly in riot. They tyrannize over a household, discourage one doctor after another, and with their display of fictitious, but especially their real, ailments, are both vexatious and pitiable. These are often the cases of chronic invalidism whose cures form a part of the curiosities of medical literature, or even serve the purposes of religious credulity and enthusiasm. Tanner¹ relates the case of Elizabeth Fancourt, who was cured in a moment by the prayers of a pious friend ; she had evidently been suffering from hysterical hip-joint disease and wasting of the limbs—and in this instance was the creature of a sudden emotional impulse. Emmet² gives two remarkable cases. In one of these the patient had been in bed five years, and yet by tact and finesse, getting her interested first in autographs and so on, the doctor succeeded in bringing her to the dinner-table before he left the house. These brilliant results are, of course, rare.

Another symptom is *convulsion*. This can be divided into the voluntary and involuntary. The voluntary, or purposive, convulsions are such as emanate from the conscious mind itself. Here are the simulated or foolish fits into which women sometimes throw themselves for the purpose of exciting sympathy or making a scene. I am convinced that a large number of "hysterical fits" are of this class : these are the patients who are cured by the mention of the hot iron to the back or the exhibition of an emetic. The involuntary forms of convulsion are more important. They happen in more sensible persons, and some of them are probably akin to starts, gestures, and other forcible or violent expressions of passions and states of mind. A person wrings the hands, beats the breast, stamps upon the floor in an agony of grief or apprehension ; and if terror is added

¹ "Practice of Medicine."

² "Princ. and Prac. of Gynæc."

he trembles violently. It is certainly no great stretch of the imagination to suppose that great fear, anger, or some kindred passion acting upon the sensitive nervous organization of a delicate woman or child should throw them into a convulsion. This, in fact, we know happens. Darwin¹ believes that in certain excited states of the brain so much nerve-force is liberated that muscular action is almost inevitable. He instances the lashing of the cat's tail as she watches her prey, and the vibrations of the serpent's tail when excited; also the case of an Australian native who, being terrified, threw his arms wildly over his head for no apparent purpose. The excito-motor reflexes of the cord may possibly take on true convulsive activity if released from the control of the will, which, as already said, is apt to be weak or in abeyance in this disease. Increased temperature is stated by Rosenthal² to be always present in the great fits of epilepsy and tetanus, but absent in those of hysteria.

I must pass hastily over a few other symptoms. *Wasting* is a symptom often present, and no doubt often dependent on disuse, according to the well-known physiological law. Another law also has its bearing on this condition; *i. e.*, the tendency of mere functional disorder to pass into structural. There are said to be occasionally organic changes found in cord, nerve, or muscle. The possibility of voluntary starvation must not be overlooked. That this can be carried to great extremes is well known. The most interesting case, and one which proved fatal, is that of the Welsh Fasting Girl, related by Taylor.³ She had been exhibited as a curiosity, as having abstained from food for two years. She lay in bed, decorated as a bride, and visited by hundreds of persons. She was at last watched by four

¹ "Expression of Emotion," etc.

² *Op. cit.*

³ "Manual of Medical Jurisprudence."

trained nurses from Guy's Hospital, with the result that she died of voluntary starvation on the ninth day.

The affections of the genito-urinary organs are almost legion. In hysteria there is apt to be a large flow of limpid urine after a paroxysm; and we know that this sometimes happens after emotional excitement—a fact which has been well hit off by Burns in his "Holy Willie's Prayer." The opposite condition—retention of urine, or ischuria—sometimes happens. Vicarious urination is said to be a feature, but most of the cases are open to grave doubt. Thus, a New England physician contributed a description to the *American Journal*, nearly fifty years ago, of a case in which the urine ran from the ear, eye, nose, stomach, breast, and navel: "the urine spirted from the navel as from a fountain." This woman was not properly watched, and was, no doubt, malingering; as others have been known to swallow their urine and then vomit it. Charcot refers to this case, but refuses to give the name of the author—so absurd does he consider it. I found the article, which is by a Dr. Arnold, of Rhode Island. Sexual excitement is often associated, as before said, with these abnormal states of the mind.

Aphonia is a curious result of hysteria, and perhaps more difficult than the others to explain by any direct resort to the condition of the cerebral faculties. I can recall two cases, both of them sensible girls who wanted to get well, in whom no emotional or true hysteric state appeared to remain, and who required a long course of electricity. I think, however, the fault must be here, too, in some defect of the will, or some dominant idea; for, as in some emotional states, *vox faucibus hæsit*, the voice clings to the throat.

This paper has been intended to be an introduction to the psychological study of an important disorder. There

are no instruments of precision, no probes or clinical mirrors that can fathom or illumine the depths and recesses of the mind ; nay, more, there are as yet but few cases so accurately recorded as to be of value in illustration. Mental science invites the attention still of many learned physicians.